

No. 64-4

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Robert K Wadsworth

Name of deceased Richard Green Harwood

Age 77 years 3 months 20 days

Place of death Cordaville Rd - Somerville

Date of death January 11 - 1944

Cause of death Arteriosclerotic Heart Disease

Interment at Mt Auburn Cemetery Cambridge

Date permit issued January 13 1944

Certified by Timothy P Stone M. D.

No. 67-1**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Richard Green HarwoodIf a U. S. War Veteran, specify what war, organization, etc.  
 **ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Auburn Crematory, Watertown  
(Name of cemetery or crematory)on January 13, 1964Certified by Herbert C. Philpott, Sup't  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Francis M. Wilson, Inc.

28 College Ave Somerville, Mass

Name of deceased Florence Mary Mahoney -

Age 75 years 8 months 24 days

Place of death Woodland Rd., Southboro

Date of death February 1, 1964

Cause of death Carcinoma, Ovary

Interment at Everett  
Woodlawn Cemetery, Mass

Date permit issued February 3, 1964

Certified by Timothy P. Stone M. D.

No. 64-2

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Bd. of Health  
(Office issuing permit)

City or Town of P.O. Box 97 - Somerville Mass.

Name of deceased Florence May Mahoney

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

THE WOODLAWN CEMETERY  
EVERETT, MASS.at .....  
(Name of cemetery or crematory)on .....  
**FEB 6 1964**Certified by .....  
*G. H. Lampert*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of deceased Michael S BruceAge 13 years 5 months 14 daysPlace of death Metropolitan Water SystemDate of death 2-15-64Cause of death Accidental DrowningInterment at Rural CemeteryDate permit issued Feb - 18 - 64Certified by Walter F. Mahoney M. D.

No. 64-3

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of P.O. Box 97 - Southboro Mass.Name of deceased Michael S. BruceIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)on February 18, 1964Certified by Tor Bertonegi Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. .... 64-4

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to .....

Donald C Morris

Name of deceased .....

Donald (Hicks) McClear

Age 53 years ..... months ..... days 17

Place of death .....

Rejune Home

Date of death .....

2 - 15 - 64

Cause of death .....

Presumably sudden -  
Coronary Sclerosis

Interment at .....

Newton Cemetery, Newton, Mass.

Date permit issued .....

Feb - 19 - 64

Certified by .....

Walter F Mahoney M. D.

No. 64-4

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agt. & Board of Health  
(Office issuing permit)City or Town of Southington Mass.Name of deceased Donald - (Hicks) Lee Clark

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

**NEWTON CEMETERY & CREMATORY**at Newton Cemetery (Name of cemetery or crematory)on Feb 20 - 1964 (Date)Certified by John Rogers (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 64-5

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald C Marrs

Name of deceased

James Joseph Grafton

Age 86 years 3 months — days

Place of death

At home

Date of death

May 4, 1964

Presumably

Cause of death

Heart Disease Coronary occlusion

Interment at

Rural Cemetery

Date permit issued

May 5-1964

Certified by

S Alden Gild

M. D.

No.

64-5

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to..... **Board of Health**  
(Office issuing permit)City or Town of ..... **Southboro** ..... Mass.Name of deceased **James J. Gralton**

If a U. S. War Veteran, specify what war, organization, etc.

**None**

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**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ..... **Rural Cemetery** ..... **Southboro, Mass.**  
(Name of cemetery or crematory)on ..... **May 6, 1964** ..... **10<sup>30</sup> A.M.**Certified by ..... **Leo Butomni** ..... **Cupt.**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald Morris

Name of deceased

Baby Girl Taylor

Age

years

months

←

days

Place of death

Marlboro Hospital

Date of death

May 18-1964

Cause of death

Premature ruptured

Interment at

Rural Cemetery-

Date permit issued

May 20-1964

Certified by

John J. Heppen

M. D.

No. 64-6

**BURIAL (OR REMOVAL) PERMIT**

*This Coupon to be returned immediately, properly endorsed*  
Board of Health  
to Southboro, Mass.  
(Office issuing permit)

City or Town of Southboro, Mass. Mass.

Name of deceased Baby Girl Taylor

If a U. S. War Veteran, specify what war, organization, etc.

None

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**ENDORSEMENT**

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)

on May 20 1964

Certified by Leo Bertoni Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of deceased

Margaret (Crockett) Smith

Age 42 years 5 months 12 days

Place of death

Markina Rd - Southboro

Date of death

6-27-64

Cause of death

Hepatic Coma, Carcinoma of  
the pancreas,

Interment at

Rural Cemetery

Date permit issued

June 29, 1964

Certified by

William S George M. D.  
118 Queen St - Framingham

No. .....

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Margaret (CRockett.) Smith

If a U. S. War Veteran, specify what war, organization, etc.

None**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory) (City or town)on June 30, 1964Certified by Geo. Butney, Jr. Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 64-8**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Dante M. Trioli

If a U. S. War Veteran, specify what war, organization, etc.

HdQ Co. 59th Sig. Bn. Ft. Jackson S.C.  
WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro Mass....  
(Name of cemetery or crematory) (City or town)on August 18, 1964Certified by Geo. Bertogni Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 607-8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C MorrisName of deceased Dante W. TraskAge 64 years 2 months 16 daysPlace of death Swamp Road (Rt. #9)Date of death August 15, 1964Cause of death Rupture of Esophageal Varix  
(Found dead in kitchen)Interment at Memorial CemeteryDate permit issued Aug. 18, 1964Certified by K. L. Bellhouse M. D.

No. .... 64-9 .....

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to ..... George Sessions Sons Co  
Worcester.

Name of deceased ..... Richard Dudley Fay

Age ..... 73 years ..... 7 months ..... 26 days

Place of death ..... Parkerville Rd.

Date of death ..... 9/9/64

Cause of death ..... Arteriosclerotic Renal Disease.

Interment at ..... Rural - Southboro

Date permit issued ..... 9/10/64

Certified by ..... Timothy P. Stone, M. D.

No. 64-9**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Richard Dudley Fay.If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory) (City or town)on September 21, 1964 2:15 p.m.Certified by Sam Bentzong  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 64-10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald John W Sullivan

Name of deceased

Sidney P. Nelson

Age

60

years

4

months

days

Place of death

Dougherty Tool Co -  
Somerton 9-16-64

Date of death

Pres. Coronary occlusion

Cause of death

Heart Disease

Interment at

Immaculate Conception  
Markham

Date permit issued

9-17-64

Certified by

S Alder Guild M. D.

No. 64-10

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to John W. Sullivan  
*Albion Board of Health,*  
*(Office issuing permit)*City or Town of Marlboro Mass.Name of deceased Sidney P. WilsonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception, Marlboro  
*(Name of cemetery or crematory)*on Sept. 19, 1964Certified by R. R. H. Henry J. Evans, Pastor  
*(Signature of Superintendent, cemetery or crematory)*

If there is no officer in charge, undertaker should sign and return this stub.

No. 64-11

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of deceased Wallace Lynn Dyer

Age 85 years 5 months 22 days

Place of death School Street, Southboro

Date of death Sept 23- 1964

Cause of death Bronchopneumonia  
Arteriosclerotic heart DiseaseInterment at Elmwood Cemetery, East  
Summer, Maine

Date permit issued 9-25-64

Certified by Timothy P. Stone M. D.

No. 64-12

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of deceased

Lewis F Harton

Age 53 years 5 months 1 days

Place of death

Dawn Street South

Date of death

October 7 - 1964  
undifferentiated

Cause of death

Carcinoma, lung

Interment at

Rural Cemetery, South

Date permit issued

October 9 - 1964

Certified by

Timothy J Stone

M. D.

To SivaNo. 64-12**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Henry F. NortonIf a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory)on October 10, 1964 at 10:55 A.M.Certified by Les Bertonegi Sup't.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 64-13

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of deceased William M. Booth

Age 61 years 23 months days

Place of death Newton Street Southwicks

Date of death 11-16-64

Asphyxiation, self-induced by  
Placing plastic bag over head -  
Cause of death Suicide

Interment at Rural Cemetery, Southwicks

Date permit issued November 18, 1964

Certified by C. Redden Guild, M. D.

No. 64-13

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased William M. Booth

If a U. S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)

on November 18, 1964 - 2:30 PM

Certified by Leo Bartomajic Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Donald C Morris

Name of deceased

Elizabeth (Alberta) Morris

Age 85 years 10 months 10 days

Place of death

Cordaville Rd - Southboro

Date of death

Nov 22 - 1964

Cause of death

Coronary Thrombosis

Interment at

Bay View Cemetery  
Sandwich, Mass

Date permit issued

Nov - 24 - 1964

Certified by

T. M. P. Stone

M. D.



# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

No. 64-14

## OFFICIAL BURIAL (OR REMOVAL) PERMIT

Division of  
Vital Statistics

(Issued under the provisions of Chapter 114, sections 45 and 46, General Laws, as amended by Chapter 604, Acts of 1949.)

[This permit can be signed only by Board of Health or its agent appointed to issue such permits, of the city or town in which the death occurred AFTER THE FILING and acceptance of a satisfactory certificate of death, legibly written in durable black ink.]

Soultion

(City or town)

November 24

(Date)

1964

A satisfactory certificate of death having been filed, permission is hereby given to

Donald C Morris Man Sr - Sandwich Mass  
(Name) (Address)

for the removal from Elizabeth (Abala) Morris, and the interment  
(To be filled out in case of removal)

at Bayview Cemetery in Sandwich, Mass of the  
body of Elizabeth (Give full name of deceased) who died  
(Month) (Day) 19  
(Year)

age ..... years, ..... months, ..... days.

Cause of death .....

If a U. S. War Veteran, specify what war, organization, etc. ....

Residence at time of death .....

(Signature of Agent of Board of Health, or, in towns where there is no  
Board of Health, of Town Clerk)

No. 64-14

**BURIAL (OR REMOVAL) PERMIT***This Coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Salem Mass.Name of deceased Elizabeth (Alula) Umaro

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .....  
(Name of cemetery or crematory)

on .....

Certified by .....  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Katherine S. MorrisAge 74 years 3 months 4 daysPlace of death Middle Rd - ScrantonDate of death December 5 - 1964Cause of death Arteriosclerotic Heart DiseaseInterment at Immaculate Conception,  
MarlboroDate permit issued December 8 - 1964Certified by Trinity P. Stone — M. D.

No. 64-15

# BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Agent - Board of Health  
(Office issuing permit)

City or Town of Somerville Mass.

Name of deceased Katherine E. Meary

If a U. S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception, Marlboro  
(Name of cemetery or crematory) (City or town)

on December 9, 1964

Certified by R. R. Henry J. Earls, Pastor  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Julie Anne WildtichAge 3 years 1/2 months ..... daysPlace of death Southfield - Southboro Mass.Date of death Dec. 23 - 1964Cause of death Accidental death due to asphyxia  
from aspiration of vomitus  
(found dead in bath)Interment at Rural CemeteryDate permit issued December 23 - 1964Certified by S. Alden Wildtich M. D.

No. 64-16

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agt - Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Julie Ann Hiblitch

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory) (City or town)on December 24, 1964 11:30 A.M.Certified by Per Bentzoni Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to John W. SullivanName of Deceased Harold WardAge 69 years 20 months daysPlace of death Died in car Marshall Rd Rt 85Date of death December 26 - 1964Cause of death Natural Causes - Coronary artery disease, myocardial infarction  
(Sudden death off wheel of car)Interment at Maplewood Cemetery  
MarlboroDate permit issued December - 30, 1964Certified by S. Alden Guild - M. D.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Robert Foreign SchangesAge 26 years 6 months 7 daysPlace of death Rt 30 - Southview, MassDate of death 10 - 4 - 65Cause of death Accidental death - in automobile,  
broken skull - brain injuryInterment at Greenwood Cemetery, Brooklyn, N.Y.Date permit issued 1 - 5 - 65Certified by S Allen Guild M. D.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Frederick Luther Norton *Morris*Age 62 years 5 months 10 daysPlace of death White Bradley Rd -  
SoultionDate of death January 27 - 1945Cause of death Cancer, generalized - MetastasisInterment at Rural Cemetery - SoultionDate permit issued 1-29-65Certified by David P. Carey M. D.

No. 65-2

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)

City or Town of Smithboro Mass.

Name of deceased Frederick H. M. Montague

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)

on January 20, 1965

Certified by Mr. Butz, Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased George Edward ParliamentAge 61 years 3 months 11 daysPlace of death Main St., Southboro, Mass.ResidenceDate of death 3/4/65Cause of death Under investigationInterment at Blue Hill Cemetery  
Braintree, MassDate permit issued March 5 - 1965Certified by S. A. de Gruy M. D.

No. 65-3

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased George Edmund Harlanent

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Blue Hill Cemetery, Braintree  
(Name of cemetery or crematory) (City or town)on March 6, 1965Certified by Gerald M. Ridge  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Carl H. StifflerAge 49 years 4 months 3 daysPlace of death Tara DriveDate of death 4-5-65Cause of death Natural causes - heart disease  
Presumably coronary occlusion  
(Sudden death)Interment at Quincy CemeteryDate permit issued April 7-1965Certified by S. Alden Guild M. D.

No. 654

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Dept. Board of Health  
(Office issuing permit)City or Town of Somerville Mass.Name of deceased Cecil H. Steffler

If a U. S. War Veteran, specify what war, organization, etc.

World War II - Adj'ts. Btry -  
21st FA - 5th A - 10th**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on April 8, 1965Certified by Geo. R. Thompson Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald C Morris

Name of Deceased Edward B White Jr.

Age 47 years 10 months 16 days

Place of death U.S. Post Office

Date of death Sept 16- 1965

Cause of death Self-inflicted gun shot wound  
of the head - Side

Interment at Rural Cemetery

Date permit issued September 18-1965

Certified by S. Alden - Gild M. D.

No. 65-3

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Edward B. Winters Jr.

If a U. S. War Veteran, specify what war, organization, etc.

World - War II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on September 19, 1965 2:35 P.M.Certified by Lee Bertagni Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Donald C Morris

Name of Deceased Raymond F. Dougherty

Age 69 years 4 months 21 days

Place of death Coronary artery disease  
presumably major or initial  
Infarction (anterior death)

Date of death October 23-1965

Cause of death Thrombosed Spleen

Interment at St Michaels Hudson Mass

Date permit issued October 25-1965

Certified by S Alden Gould M. D.

No. 65-6

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Dept. of Board of Health  
(Office issuing permit)City or Town of Southington Mass.Name of deceased Roger and F. Daugherty

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Wreckers Cemetery Hudson  
(Name of cemetery or crematory) (City or town)on Oct 26 1965Certified by Rev L D Chabotue  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased Hannie Regina StorkwellAge 79 years 10 months 16 daysPlace of death At homeDate of death December 24 - 1965Cause of death Coronary ThrombosisInterment at Rural CemeteryDate permit issued December 27, 1965Certified by Donald E. Morris - M. D.

No. 65-7

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Saunderston Mass.Name of deceased Miriam Regina Starkwell

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on December 27, 1965 2:45 PMCertified by Joe Butzmann Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MorrisName of Deceased James MalorineAge 41 years 6 months 15 daysPlace of death 3 Pleasant St. FayettevilleDate of death Aug 22 1966Cause of death acute coronary occlusion  
Coronary heart DiseaseInterment at Rural CemeteryDate permit issued Aug 25 - 1966Certified by John Paul Ahern M. D.

No. *101-1***BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to *Agent - Board of Health*  
(Office issuing permit)City or Town of *Danvers, Mass.* Mass.Name of deceased *Donald J. ...*

If a U. S. War Veteran, specify what war, organization, etc.

*W.W.II***ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery, Southboro*  
(Name of cemetery or crematory) (City or town)on *April 26, 1966 - 11<sup>th</sup> AM*Certified by *For Board of Health, Supt.*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dorael C MorrisName of Deceased Harry M. WylderAge 73 years 6 months 27 daysPlace of death 21 Flagstaff Road - SmithsDate of death May 19 - 1966Cause of death Carcinoma ProstateInterment at Rural Crematory Worcester MassDate permit issued May 19 - 1966Certified by Timothy P. Stone M. D.

No. 66-2

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Ag't Board of Health  
(Office issuing permit)City or Town of Saunderston Mass.Name of deceased Harry M. WyldeIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

RURAL CEMETERY CREMATORY, WORCESTER, MASS.at .....  
(Name of cemetery or crematory) (City or town)on May 23, 1966Certified by Ernest Hansen  
(Signature of Superintendent, cemetery or crematory)  
E.

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C MorrisName of Deceased Alice (Dickens) MorrisAge 12 years 3 months 21 daysPlace of death 19 Northline Road - SulphurDate of death May 25 - 1966Natural causes - HypertensionCause of death Cardiovascular disease -Cerebro-vascular - accident found dead in bedInterment at Rural Cemetery, WorcesterDate permit issued May 21, 1966Certified by S. Alden-Guild M. D.

No. 66-3

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Sudbury Mass.Name of deceased Alice (Derkens) Parmenter

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms.

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.  
(Name of cemetery or crematory) (City or town)on May 24, 1966Certified by Ernest Hansen  
(Signature of Superintendent, cemetery or crematory)

E.

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Donald C. MarisName of Deceased Anthony PustlaneAge 76 years 11 months 27 daysPlace of death 43 Boston Rd. SouthboroDate of death July 29 - 1966Cause of death Hepatic Cirrhosis  
Cardiac Insuff.Interment at Rural CemeteryDate permit issued 8-1-66Certified by Arnold J. Maris M. D.

No. 66-4

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent of Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Anthony PersaudIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on August 1, 1966 2:30 PMCertified by Lev Ratanayi Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Douglas C MorrisName of Deceased Marie Ann (Bossi) BerryAge 39 years — months 28 daysPlace of death 6 Cherry St Fayville MassDate of death 9-20-66Cause of death Glioma of ThalamusInterment at Rural CemeteryDate permit issued 9-23-66Certified by Peter P Cottone M. D.

No. 66-5**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed.*to Actgt - Board of Health  
(Office issuing permit)City or Town of Braintree Mass.Name of deceased Louise Ann Berri (Berry)

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro, Mass.  
(Name of cemetery or crematory) (City or town)on September 24, 1966 11:58 AMCertified by Geo. Butteray Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Herman R WalkerName of Deceased Timothy R Young

Age ..... years ..... months ..... 2 days

Place of death Hake Road, Brookfield, Mass.Date of death 6-23-59Cause of death PrematurityInterment at Brookfield CemeteryDate permit issued October 18-1966Certified by ..... M. D.

No. 66-5

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)

City or Town of Southford Mass.

Name of deceased Timothy R. Young

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Brookfield Cemetery  
(Name of cemetery or crematory) (City or town)

on October 22, 1966

Certified by Deacon L. May  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to David C MorrisName of Deceased William Charles Eric WilsonAge 58 years 8 months 14 daysPlace of death #3 Found dead on StreetDate of death Dec. 4 - 1966Cause of death Natural causes; heart disease  
pres. Myocardial Infarction.Interment at Rural Cemetery, Worcester, MassDate permit issued December 5, 1966Certified by S. Alden Gould M. D.

No. 66-6

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William Charles Eric Wiseman

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at BURAL CEMETERY CREMATORY, WORCESTER, MASS.  
(Name of cemetery or crematory) (City or town)on December 6, 1966Certified by Ernest Haesler  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 66-7

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Henry A ChesmoreName of Deceased Belle L (Perry) HarroldAge 91 years 7 months 25 daysPlace of death 223 Parkerville Rd. SouthwellsDate of death December 7 - 1966Cause of death Arteriosclerotic Heart DiseaseInterment at Rural Cemetery - SouthwellsDate permit issued December 8 - 1966Certified by Timothy P. Stone M. D.

No. 66-7**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent, Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Belleh (Perry) MarossIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on December 9, 1966 2:15 P.M.Certified by Leo Bentzogl S.A.P.F.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowe

Name of Deceased

Blanche E. Chisholm

Age 76 years months days

Water - year side of white Bagley Rd  
Place of death Drown by Submersion

Date of death December 20 - 1966

Cause of death At Playa, by Submersion

Suicide

Interment at Immaculate Conception Co. -  
Marlboro Mass

Date permit issued December 22 - 1966

Certified by Robert F. Pittenhouse M. D.

No. 66-8**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Southington Mass.Name of deceased Blanchet Chisholm

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception Harbor (Name of cemetery or crematory)

(City or town)

on Dec 23 1966Certified by Rev Thomas J. Ludden  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dorothy C MorrisName of Deceased Marie Antoinette WiesmanAge 63 years 6 months 2 daysPlace of death H3 Mans St (Chester)Date of death April 7 - 1967Cause of death Asphyxiation by suspensionInterment at Kings CemeteryDate permit issued April 9 - 1967Certified by S Alden Gould M. D.

No. 67-1

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to ..... **Board of Health**  
(Office issuing permit)City or Town of ..... **Southboro** Mass.

Marie Antoinette

Name of deceased (Lenfant) Miseman

If a U. S. War Veteran, specify what war, organization, etc.

None

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ..... **Rural Cemetery** **Southboro**  
(Name of cemetery or crematory) (City or town)on ..... **April 10, 1967** **12 30 PM**Certified by ..... *Lee Bentz*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. ....2**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

33 Ward St Worcester Mass

Issued to Henry Funeral ServiceName of Deceased Jean StepanoffAge 79 years 1 months 2 daysPlace of death 5 Redgate Lane SouthboroDate of death 4-12-1967Cause of death Natural Causes - Heart Disease  
Profound Cardiac ArrestInterment at Holy Trinity MonasteryDate permit issued 4-14-67Certified by S. Alden Gould M. D.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C. Morris

Name of Deceased Mary (Eagan) McCain

Age ..... years ..... months ..... days

Place of death Rita's Beauty Salon  
372 Main St Southease

Date of death April 12 - 1967

Cause of death Natural causes - Heart disease pre-  
sumably Myocardial infarction

Interment at Rural Cemetery Southeast

Date permit issued April 15 - 1967

Certified by S. Alden Gould M. D.

No. 67-3

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to ..... Board of Health.....  
(Office issuing permit)

City or Town of ..... Southboro ..... Mass.

Name of deceased Mary (Eagan) McCann.....

If a U. S. War Veteran, specify what war, organization, etc.

None

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.....  
(Name of cemetery or crematory) (City or town)

on April 15, 1967 10 AM

Certified by Lee Bentz, Cemetery  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub

**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Dorothy C MorrisName of Deceased Howard R. BentzAge 76 years 8 months 21 daysPlace of death 76 School St - SouthboroDate of death June 11, 1967Cause of death Cirrhosis of Liver & Heart DiseaseInterment at Rural CemeteryDate permit issued June 3-1967Certified by Timothy P. Stone M. D.

TO SinaNo. 67-4**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Anna Rose Bertone

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) Southboro  
(City or town)on June 5, 1967 11<sup>00</sup> AMCertified by Lee Bertone, Sup'l.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Louise Delanda

Age 59 years 6 months 22 days

Place of death 7 Maple Street Fairville

Date of death July 6 - 1967

Cause of death Natural causes - Heart Disease  
Myocardial Infarction

Interment at Rural Cemetery

Date permit issued July 10 - 1967

Certified by S Alden Guild M. D.

No. 67-5

**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Louise Delarda

If a U. S. War Veteran, specify what war, organization, etc.

**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery  
(Name of cemetery or crematory) (City or town)on July 10, 1967 10<sup>05</sup> AMCertified by Lee Bentzma Sept.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Donald C Morris

Name of Deceased Mark Stephen Gignac

Age 4 years 9 months 6 days

Place of death 44th Street grammar Rd

Date of death November 2-1967  
Under investigation

Cause of death

Interment at Rural Cemetery Somerville

Date permit issued Nov 3 - 1967

Certified by S Alden Guild M. D.

No. 67-6**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Agent - Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Mark Stephen GignacIf a U. S. War Veteran, specify what war, organization, etc.  
.....**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory) (City or town)on November 4, 1967 11<sup>15</sup> AMCertified by Joe Bertman  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.